

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	2/14
O.I.P.E. CLASSIFIER		10	2-28-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	DM	72223	4/7/00

09/498 293

# INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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